

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		12-04
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	GBM	535	12-12-01
RESPONSE FORMALITY REVIEW		985	3/19/02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
(1)	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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852-
 12-13-01

850
 05-19-02